

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118467

1. Corporation Name

Magellan Management Services, Inc.

2. Principal Office Address

10550 Deerwood Park Blvd. PO Box 551509

Suite, Apt. #, etc.

704

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

USA

City & State

Jacksonville, FL

Zip

32255

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/4/02

5. FEI Number

02-06542017

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Howard J. Smith

300024529093  
11/10/03--01007--019 \*\*758.75

Street Address (P.O. Box Number is Not Acceptable)

8810 Goodby's Executive Drive, Suite C

Suite, Apt. #, Etc.

Suite C

City

Jacksonville

State

FL

Zip Code

32217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Howard J. Smith*

REGISTERED AGENT MUST SIGN

Date 11/5/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Thomas A. Blitch	8386 Baymeadows Rd.	Jacksonville, FL 32256

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Thomas A. Blitch* Thomas A. Blitch 11/3/03 904-493-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)